

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 28 AM 9:40

DOCUMENT # 755806

1. Corporation Name

Diamondhead Homeowners Association, Inc.

2. Principal Office Address

2838 Par Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2838 Par Lane

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

REINSTATEMENT 103-06

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1981

5. FEI Number

592402898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sunny Phillips

Street Address (P.O. Box Number is Not Acceptable)

2838 Par Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Sunny Phillips*

REGISTERED AGENT MUST SIGN

Date

*July 26, 2006*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Adam Teitzman	2827 Par Lane	Tallahassee, FL, 32301
SD	Kirsten L. Olsen	1804 Jean Avenue	Tallahassee, FL 32308
TD	Sunny Phillips	2838 Par Lane	Tallahassee, FL, 32301
D	Glenn Smith	2819 Par Lane	Tallahassee, FL, 32301
D	Louise "Kay" Wilder	2930 Par Lane	Tallahassee, FL, 32301
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sunny Phillips*

Date

*July 26, 2006*

Daytime Phone #

B. Mitchell

AUG 29 2006